

Schulte

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028900

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 378

STATE FILE NUMBER

FILED AUG 12 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
Length of stay in lb 40 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grandview Rest Home, 23rd & Grand Ave.		d. STREET ADDRESS (If outside, give location) 206 Wall St.	
3. NAME OF DECEASED (Type or print) First Middle Last Pearl L. McBride		4. DATE OF DEATH Month Day Year July 31, 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
9. AGE (last birthday) 82		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Ashgrove, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Benjamin Swenney		13b. MOTHER'S MAIDEN NAME Mattie Southard	
14. NAME OF HUSBAND OR WIFE Grover Lee McBride		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Entered Salem General Hospital & died</i> DUE TO (b) <i>Entered Salem General Hospital & died</i> DUE TO (c) <i>Entered Salem General Hospital & died</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 1 - 1959 to 7-31-1963 and last saw her alive on May 12 - 1963 Death occurred at 3:15 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not write or title) <i>Lois H. H. H.</i>		22b. ADDRESS 2125 Jackson Ave Joplin Mo	
22c. DATE SIGNED 8-2-63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-2-1963	23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Cem.	
23d. LOCATION (City, town, or county) Joplin, Missouri		23e. LOCATION (City, town, or county) Joplin, Missouri	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG. 8-5-1963	
26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>		26. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

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DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

AUG 13 1961

PP 40
PP 40

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter P. Zark

Licensed Embalmer No.

5193

P. O. Address

Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.